

**SUPERVISOR CHECKLIST
FORM SUP 4**

- ☐ Form MFT 1 – Completed General Information
- ☐ Form SUP 5 – Application for LMFT Supervisor
- ☐ Form SUP 6 – Record of Supervision of Supervision
- ☐ \$50.00 non refundable application and approval fee

**See application instructions for further details.
DO NOT SUBMIT AN INCOMPLETE APPLICATION
ALL INCOMPLETE APPLICATIONS WILL BE RETURNED**

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
P.O. Box 240066
Montgomery, AL 36124-0066
Phone: (334) 215-7233
Fax: (334) 215-7231
E-mail: paula.scout@mft.alabama.gov
Website: www.mft.state.al.us



Application for: ☐ Marriage and Family Therapy Intern (MFT Intern)
☐ Marriage and Family Therapy Associate (MFT Associate)
☐ Permission to sit for the Marriage and Family Therapy
☐ Licensed Marriage and Family Therapist (LMFT)
☐ Licensed Marriage and Family Therapist By Endorsement

Name: _____
Last First Middle/Maiden

Social Security Number: _____ **Date of Birth:** _____

Gender: ☐ Male ☐ Female

Have you ever held an Alabama Professional License Before? ☐ No ☐ Yes, as follow(s):

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Work Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Home Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Preferred Mailing Address (The address listed here will be public.):

☐ Work ☐ Home

**APPLICATION FOR LMFT SUPERVISOR DESIGNATION
FORM SUP 5**

Name: _____ **LMFT License No.** _____

EDUCATION:

List courses or workshops taken as provided by professional organizations or institutions, recognized by the Board, which specifically address the theory, practice, and process of supervision.

COURSE/WORKSHOP	DATE TAKEN	HOURS

Total Hours: _____

- ☐ Yes ☐ No I have enclosed official documentation indicating completion of course work.
- ☐ Yes ☐ No I have enclosed my philosophy of supervision and a supervisory case study.

PROFESSIONAL EMPLOYMENT EXPERIENCE:

List in reverse chronological order (most recent first) all places of professional employment experience where you have had MFT and/or other supervision responsibilities. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.

1. Position: _____ Phone: _____
 Organization: _____
 Address: _____
 Dates of Employment: _____ to _____
 Contact Person: _____
 Primary Responsibilities/Activities: _____
 # of hours providing clinical services per week: _____
2. Position: _____ Phone: _____
 Organization: _____
 Address: _____
 Dates of Employment: _____ to _____
 Contact Person: _____
 Primary Responsibilities/Activities: _____
 # of hours providing clinical services per week: _____

